



Why are malaria programs important for mobility impacted communities?

Migrants are especially vulnerable to malaria; often living in malaria endemic areas, may not be included in local health systems, relying on poor quality shelters which don't allow mosquito nets to be hung. These communities also have a tendency to work outdoors during peak mosquito feeding hours. Migrants have a special role in halting the spread of Artemisinin-resistant malaria. Mobile communities have less access to services; increasing their vulnerability. Human mobility is also important in linking high transmission and low-transmission or malaria free areas.



IOM Myanmar's malaria activities:

- Providing health education to the community
- Distribution of long lasting, insecticide-treated nets
- 24 hour rapid diagnosis
- Providing immediate treatment for malaria infected patients
- Referring severe cases to hospital
- 'Day 3' surveillance and management of *P. falciparum* cases
- Migrant mapping and private sector mapping

How does IOM control the spread of Malaria?

IOM Myanmar has supported the National Malaria Control Programme since 2006 and is now implementing malaria activities in 9 migration-affected townships in Mon and Kayin States, all of which are high priority areas for Artemisinin-resistance containment in Myanmar. IOM provided malaria services through:

- Rapid Diagnostic Test (RDT) volunteers based at work sites and migrant clusters
- Microscopy units;
- Mobile teams;
- Screening sites.

RDT volunteers and mobile teams also conduct active case finding in hard to reach areas and provide health education, diagnosis and treatment at transit points.



“My name is Ma Hnin Su Mon Hlaing. Ten years ago, my family moved to a village covered with forests and mountains in Thanbyzayat Township, on the border of Mon and Kayin State. Most villagers are Karen people but there are other ethnic groups such as Mon and Burmese. Being a remote place, there are neither educated persons in the village nor teachers for the children. When IOM opened a clinic in our village, most villagers didn't have health knowledge and depended on local remedies when they became ill, causing severe problems and even death.

I wanted to help them so I attended IOM's volunteer training but when I came back to my village afterward, I faced many difficulties as not only the village head but the villagers didn't trust me. I did not despair and tried to win their acceptance by discussing health topics with them, holding health education sessions in the village and providing as much health-related help as I could. I am now well-known in my own village and in nearby villages.

I have treated many non-severe malaria cases myself and referred severe cases to Thanbyzayat hospital for appropriate treatment. As a result there are fewer malaria patients in my village and I am very satisfied too to see the villagers have improved health knowledge. The villagers and I want to thank IOM for all their support.” -Ma Hnin Su Mon Hlaing, Malaria Volunteer, Thanbyzayat Township.

Day 3 surveillance and management

As an intervention to strengthen malaria surveillance and to interrupt the spread of Artemisinin-resistant malaria, IOM tests *P.falciparum* or *mixed* patients 3 days after treatment has commenced to see if they remain positive (an indicator of possible drug-resistance). Positive patients are referred to hospital and malaria testing among contacts (e.g. household members and work colleagues) is encouraged, preventing onward transmission. Additionally, Long Lasting Insecticidal Nets (LLINs) are distributed in areas with index cases and malaria education and response is intensified.



IOM's key partners for malaria activities include the Department of Public Health, Mon and Kayin State health authorities, employers and managers, United Nations, INGO and LNGOs.

International Organization for Migration (IOM)

Mission in Myanmar

318 (A), Ahlone Road, Dagon Township
Yangon, Myanmar

Phone: +95 1 210 588, +95 1 230 1960~2

Mobile: +95 97 323 6679, +95 97 323 6680

e-mail: iomyangon@iom.int

Web: www.iom.int



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